SHERMAN COUNTY NEIGHBORHOOD REVITALIZATION PLAN TAX REBATE APPLICATION

Residential; Agricultural; Commercial

Owner's/Business Name							
Owner's/Business Mailing Address							
Email Address:	nail Address: Phone #						
Proposed Property	sed Property Parcel #						
Legal Description of Property (use additional sheets if nec	essary)						
Proposed Property Use (check all that apply)							
Residential ()New ()Rehab ()Rental ()Owner-Occupied ()Single Family ()Multi-Family (# of Units)							
Agriculture ()New ()Rehab ()Rental ()Owner-Occupied ()Ag Building							
							Commercial/Industrial ()New ()Rehab ()Rental ()Owner-Occupied
Other							
Do you own the Land? Yes No	Are your Taxes Current? Yes No						
Is Project on a Foundation? Yes No	Is Project permanently attached to the property? Yes No						
Building Permit #	Proposed Property Dimensions						
(permit required in city limits)							
List any buildings to be demolished							
Start Date	Date of Completion						
Cost of Improvements: (please provide copies of	of project plans and estimated cost documents)						
Labor	Material						

Please check one of the followi	ng that best describes the	construction o	of the proper	rty.
All Contractor Built Pre-bui	It Unit moved on site Mo	dular Building	Owner Bu	ilt
Contractor Built w/Owner particip	ation (% of participation	_ Hours Valu	e)
Other				
NEW RESIDENTIAL (comple	ete all that apply)			
Story Height Basement S	ize Heating	g/Cooling		
Square feet of Finished Area: Gro	ound Floor Upper I	loor	Basement	Building
#of Bedrooms # of Bathrooms Square feet of Unfinished Area Paving/Concrete				ng/Concrete
Framing Material Exterior Wall Material			Roofing Material	
Describe Improvements				
DECIDENTIAL DENAODEL /				
RESIDENTIAL REMODEL (co		•	/ /	
Square Feet of Area Added				
Area to be Remodeled ()Living Room ()Other	., •	()Bathroom —	()Kitchen	()Basement
Area to be Added ()Living Room ()[()Garage		()Bathroom	()Kitchen	()Basement
Framing Material	aterial Exterior Wall Material		Roofing Material	
Heating/Cooling	Paving/Concrete			
Describe Improvements				

AGRICULTURAL/	COMN	IERCIAL (complet	e all that apply)
Agricultural	or	Commercial	
NEW	or	REMODEL	,if remodel what area
Type of Building			Use of Building
Building Dimensions_			Exterior Wall Material
Wall Height		<u>-</u>	
Describe Improvements			
construction prior to in when I have comple	making eted by	this application. I un project, this will be no	pplication procedures and criteria. I have not started any aderstand a final itemized statement of costs will need to be turned ecessary to receive my rebate. I further understand that this ow if improvements or construction has not begun on this project.
 Signature of Owner			 Date

SHERMAN COUNTY NEIGHBORHOOD REVITALIZATION PLAN TAX REBATE APPLICATION PART C

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STATUS OF CONSTRUCTION COMPLETION

Owner's/Business Name	
Proposed Property	Parcel #
Original Application Date	
Incomplete Project as of January 1, 20), following commencement.
Complete Project as of January 1, 20_	, following commencement.
The Construction project applied for was considered *An itemized statement of costs will need to be turn	•
	lete and return Part C before December 15 If the project is ad also provide the final itemized costs of the project before
Please Note Failure to provide documentation in a ti	imely manner could result in termination of the program.
Owner's Signature	Date